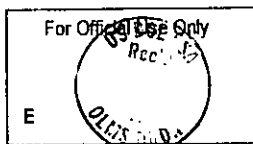


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10065	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Ray E Levangie P.O. Box, Bldg., Room No., if any Street 4959 Palo Verde St. #200-C City Montclair State Ca ZIP Code + 4 91763	4. Name, file number, and address of labor organization. Name Plumbers + Steamfitters Local 398 Labor Organization File Number 004006 004066 P.O. Box, Building and Room Number, if any Street 4959 Palo Verde St. #200-C City Montclair State Ca ZIP Code + 4 91763
5. Position in labor organization. Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Amererica Contractors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 404 Blueridge Ave. City Orange State Ca ZIP Code + 4 90804	7.a. Nature of Interest, Transaction, or Income. Christmas Gift Certificate Donated to 398 members Christmas meeting 7.b. Amount. \$50.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ray E LeVangie</u>	On <u>8-8-05</u> Date	<u>(909) 625-2493</u> Telephone Number

Name of Person Filing

Ray E Levangie

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Apprentice + Journeyman Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 18931 Laurel Park RoadCity: ComptonState: Ca.ZIP Code + 4: 90220

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4:

11.a. Nature of such dealing.

Labor Trustee on Joint Employee Benefit Trust Fund For Apprentice and Journeyman Training

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Training Conference (Registration Fee, Air Fare, Room, Rental car, meals, etc.)
Reimbursed Expenses
Dinner meeting
Secretary Expenses

12.b. Amount.

\$4826.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing **Ray E Levangie**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Inland Refrigeration Trust Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **501 Shatto Pl 5th St.**City **Los Angeles**State **Ca** ZIP Code + 4 **90020**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Labor Trustee on Joint Employee Benefit Trust Funds for Apprenice and Journeymen

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Educational Conference (Registration Fee Air Fare, Room, Cab Fare, Meals ect.) Reimbursed Expenses

12.b. Amount.

\$2607.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **Ray E Levangie**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Jerry Neil Paul**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5716 Corsa Ave. Suite 203**City **Westlake Village**State **Ca** ZIP Code + 4 **91362**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Handles Asbestos related Legal Services for Members

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Christmas Gift Certificates

12.b. Amount.

\$350.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Ray E Levangie

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NITC Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 501 Shatto Pl. Suite 201

City Los Angeles

State Ca

ZIP Code + 4 90020

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Testing and Certification

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Dinner meeting paid for by NITC

12.b. Amount.

\$80.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.